PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/615,348			ing Date 08/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	- CK	RATE (\$)	FEE (\$)		
⊠	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A	ı	N/A	375	١	N/A	TEE (0)		
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		ı	N/A			
	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		ı	N/A			
	(37 CFR 1.16(o), (p), (FAL CLAIMS	or (q))	minus 20 = *		·		x \$ =		OR	x s =			
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		OIL	x s =			
(37	CFR 1.16(h))	If the	If the specification and drawing		ne overed 100	ı	A# -			^* -			
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due									
	MULTIPLE DEPEN	7 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	375		TOTAL			
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	03/31/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(1))	• 20	Minus	 20	= 0	ı	X \$25 =	0	OR	x s =			
	Independent (37 CFR 1,16(h))	• 2	Minus	 3	= 0	1	X \$105 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.1601)		Minus	**		i	x \$ =		OR	x s =			
	Independent (37 CFR 1,16(h))		Minus	***	-		x \$ =		OR	x s =			
ä	Application Size Fee (37 CFR 1.16(s))								1				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
									OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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